

Iowa Inheritance/Estate Tax

Joint Account Report Form

	ete <u>all</u> applicable lines on t	Date				
itut	ompleted and mailed by banks, ion to the Iowa Department of Rion 450.97 of the Code of Iowa.	Revenue upon repo				
(1)	Name of Reported Decedent					
	_	(Use deceder	t's first name,	last name, an	d middle initial)	
(2)	Address of Reported Decedent					
(3)	Reported Date of Death					
(4)		ACCOUNT NUMBERS				
` /	Name and Address of Surviving Owners	Relationship	Savings Account	Checking Account	Certificate of Deposit	Value Date of Death
	Name and Carial Caracita Name	1	1:_1::	:1		- f 1000
(5)	Name and Social Security Number of person(s) to which income is paid as reported on form 1099.					
(5)					CIAL SECURITY	
(5)	NAME			SO	OIAE OE COIAITT	NUMBER
(5)	NAME			SO	OINE OLOGINIT	NUMBER
(5)	NAME			SO	OINE GEOGRATI	NUMBER
(5)	NAME			SO	OME OF OCCUPANT	NUMBER
(5)	NAME			SO	ome occount	NUMBER
	NAME Date Released	,		SO	ome organization	NUMBER
(6)	Date Released					
(6)	Date Released To whom released					
(6)	Date Released To whom released Address					
(6) (7)	Date Released To whom released					

Iowa Department of Revenue
PO Box 10456
Des Moines IA 50306-0456